

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13500

FILED MAY 4 1953

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> <u>0164</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> <u>0164</u>			
c. LENGTH OF STAY (in this place) <u>56 Yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>1315 Jefferson</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1315 Jefferson</u>							
3. NAME OF DECEASED (Type or Print) <u>HARVEY</u>		a. (First) <u>L.</u>		c. (Last) <u>CUNNINGHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 9, 1867</u>	
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor, ret.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Farmington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
10a. DURING MOST OF WORKING LIFE, EVEN IF RETIRED		10b. KIND OF BUSINESS OR INDUSTRY <u>Physician</u>		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Reese Cunningham</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie A. Cunningham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Frissell Cape Gir., Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>(a) Myocardial failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>(b) Atherosclerotic heart disease</u> <u>(c) Systolic hypertension</u> <u>Renial failure (terminal)</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 24, 1953</u> , to <u>April 23, 1953</u> that I last saw the deceased alive on <u>4-23-53</u> , and that death occurred at <u>10:30 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Clifton M. Estes M.D.</u>				23b. ADDRESS <u>Cape Girardeau</u> <u>714 Broadway</u>		23c. DATE SIGNED <u>Mo. 4-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-27-53</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walther's Funeral Home Cape Gir.</u>			

(Licensed Embalmer's Statement on Reverse Side)

1770

JAN 6 1954

JUN 10 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Virgil H. Kelch

Licensed Embalmer No. *4102*

P. O. Address *Spice Garden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.